IMA ANNUAL TRAINING CONTRACT

Attachment

MY PLANS AT *(Place of Attachement)*	FOR FY

MY SENIOR CHAPLAIN/SUPERVISOR IS *(Name, Grade)*

CFETP Training Objectives

BASED UPON THE TRAINING/LEARNING OBJECTIVES IN THE CFETP BREAKOUT APPLICABLE TO MY CAREER LEVEL, THESE ARE MY ANNUAL LEARNING GOALS FOR THIS YEAR:

PME Training Objectives

BASED UPON MY CURRENT LEVEL OF PME, THIS IS MY PROFESSIONAL MILITARY EDUCATION PLAN FOR THE YEAR:

Current level of PME:

Ancillary Training Objectives

The following checked items are specific training needs when I come to train. Please advise or schedule me for them

¨ Quality	¨ Chemical Warfare Training *(Initial)*
¨ Social Actions/EEO	¨ Chemical Warfare Training *(Refresher)*
¨ Immunology *(Shot Record)*	x Cycle Ergometry Testing
x Weight Check	¨ Ethics
x Feedback Session	¨ Security
¨ Law of Armed Conflict	¨ UCMJ
¨ HIV/AIDS	¨ Buddy Care/CPR
¨ Weapons Qualification *(CSSP only)*	¨ Orientation
¨ Safety	¨ Other
¨ Command Directed *(specify)*	¨ Base Directed *(specify)*

PLEASE TURN TO AND FILL IN YOUR AF FORM 1561

Annotate the remarks section. Relate dates to projects

IMA NAME *(Last, First, MI) (Please Print)*	IMA's SIGNATURE & DATE	SUPERVISOR'S SIGNATURE

ARPC FORM 0-100 SEP 95 **(HC)**

Professional Training Objectives

BASED UPON LOCAL MISSION NEEDS AND MY OWN SPECIALIZED SKILLS AND TALENTS, I PROPOSE TO DO THE FOLLOWING PROJECT(S):

Project / Program	Completion Schedule and Metrics	Bullets for OPR/EPR

Instructions:
       Determine ancillary training requirements with your training Monitor
       Complete this ARPC Form 0-100 on an annual basis with your supervisor
       Send copy of completed ARPC Form 0-100 to ARPC/HC
       Schedule required ancillary training
       Prepare the AF Form 1561 and annotate the remarks section. Relate the projects to the schedule
       File both forms in the IMA training folder
       Maintain changes during the year on each form